

General Hospital 262 patients suffering from thyrotoxicosis by means of the roentgen ray. They think that the results have been sufficiently encouraging to warrant a more general use of this remedy. Of the 262 cases there were 133 patients who, because of insufficient data, were excluded from the analysis of their results. Of the remainder, 34 patients became clinically cured apparently as a result of the treatment. Sixty-eight patients were improved. This group was under treatment for a shorter period of time on the average and received a fewer number of treatments. Fourteen patients were either unimproved or made worse. Of this group, 2 died during the period of treatment from intercurrent disease; 1 died following operation. In one patient myxedema developed, probably as a result of overtreatment. The details of the technic of administration are given in the article. The authors believe that this method of treatment is not without danger. Too intensive treatment, especially in cases in which surgical treatment has been employed, may produce hypothyroidism, with the consequent symptoms of myxedema. Atrophy of the skin and telangiectasis may result in the region treated. The toxemia may be increased to a dangerous degree by the first treatment. Very careful dosage is essential to avoid this. In their summary the authors state that: (1) It is possible to decrease the activity of the thyroid gland and probably to destroy its glandular structure by exposure to the roentgen ray. (2) Roentgen-ray treatment when applied in cases of thyrotoxicosis produces a relief of symptoms and shortens the course of the disease. (3) A study of the basal metabolism before, during, and after treatment is of the greatest importance both as a means of diagnosis and as a check on the amount of treatment to be given. (4) The roentgen ray, accompanied by rest, should be tried in all cases of thyrotoxicosis and should be continued for a sufficient length of time to destroy at least the thymus before resorting to surgery.

Stone in the Kidney and Ureter from the Standpoint of the Clinical Surgeon.—OCHSNER (*Jour. Am. Med. Assn.*, 1919, lxxiii, 1105) advises in his article the administration of distilled water in large quantities in order to prevent the recurrence of kidney stone and renal colic. He states that he has made use of this method in an enormous number of cases, always with the result that the patients escape recurrences. For patients suffering from acute renal colic the use of morphin and atropin hypodermically, followed by the ingestion of two-ounce doses of glycerin with large quantities of distilled water, has seemed to the author to be of value in aiding the discharge of the stones spontaneously, especially when the patient was immersed in a very hot bath.

Results in the Modern Treatment of Diabetes.—GEYELIN (*Jour. Am. Med. Assn.*, 1919, lxxiii, 1202) states that as the result of his experience in the past four years in dealing with many diabetic patients treated according to the general principle laid down by Allen there are certain definite conclusions that can be drawn: (1) Diabetes in its severe and acute form is not limited to the first three decades of life but may be found at any age, although rare in persons over thirty. In his experience it is more common between fifty and seventy than between thirty and fifty. (2) Absolute adherence to the diet is essential

to a maximum degree of successful results in treatment. Otherwise unless the diabetes is very mild there is no hope. (3) Fast days and half-days are of great help in the treatment of the majority of patients, but are not necessary as routine measures in all cases at all times. (4) It is wise for a patient under treatment to realize that he is not a normal person on a normal diet and to regulate his mental and physical activities (and therefore his caloric output) by his caloric intake. (5) Exercise should be advised only in exceptional cases and in proportion to the amount of energy afforded by the caloric intake. Rest rather than exercise should be urged. (6) Long-continued diets overbalanced in fat (180 gm. and over) are harmful and their harmful effect is insidious. Aside from their immediate effects in the production of acidosis and glycosuria they have a depressing effect on tolerance. This effect is overcome only by long periods of low caloric intake. (7) We have no cure for diabetes, but we have a greatly improved method of treatment, particularly as regards prolongation of life and the avoidance of surgical complications, as many observers who have employed the general principles of treatment advanced by Allen will testify.

PEDIATRICS

UNDER THE CHARGE OF
THOMPSON S. WESTCOTT, M.D., AND ALVIN E. SIEGEL, M.D.,
OF PHILADELPHIA.

The Child and the State.—SHAW (*Arch. Ped.*, August, 1919) says that a child should have the right to intelligent consideration before he is born, to be born well and to be kept well. To insure this is the purpose of all child welfare work. The State should give to all children a sound and liberal education. Every child should come periodically under direct medical and dental supervision, and if found defective should be followed up. Every child found malnourished should somehow or other be nourished and every child found verminous should somehow or other be cleansed. Skilled medical treatment should be available for every sick, diseased or defective child. Every child should be educated in a well-ventilated classroom, or in some form of open-air schoolroom or classroom. Every child should have daily, organized, physical exercise of appropriate character. No child of school age should be employed for profit except under approved conditions. The school environment and the means of education should be such as can in no way exert unfavorable or injurious influences upon the health, growth, and development of the child. Dr. S. Josephine Baker has outlined a broad scheme of reconstruction and the child. She would have in each State a department of child welfare of equal importance with other State departments. The department should be divided into the following bureaus: (1) A bureau of child-caring institutions, which would supervise orphan asylums, day nurseries, boarded-out babies,